
**CENTRAL BUCKS CARDIOLOGY
315 WEST STATE STREET
DOYLESTOWN, PA 18901
215-345-1900
FAX: 215-345-4579**

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance
Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW HEALTH
INFORMATION ABOUT YOU (AS A PATIENT OF
THIS PRACTICE) MAY BE USED AND
DISCLOSED, AND HOW YOU CAN GET ACCESS
TO YOUR INDIVIDUALLY IDENTIFIABLE
HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE
CAREFULLY.**

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, and taking care of you, our patient, we create paper and electronic medical records regarding you, your health, our care for you and the services and/or items we provide to you. We need this record to provide for your care and comply with legal requirements. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI,
- Your privacy rights in your IIHI,
- Our obligations concerning the use and disclosure of your IIHI.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Pat Larsen, Privacy Officer
Central Bucks Cardiology
315 West State Street
Doylestown, PA 18901
215-345-1900

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your IIHI:

- 1. Treatment.** Our practice may use your IIHI to treat you. Treatment includes the provision, coordination, or management of health care services to the patient by our practice or one or more other health care providers. Some examples of treatment disclosures include:

We may ask you to have diagnostic testing (such as blood, urine tests, radiology or other diagnostic procedures), and we may use the results to help us reach a diagnosis.

We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you.

We may share and discuss a patient's medical information with an outside physician to whom we have referred the patient for care.

We may share and discuss a patient's medical information with an outside physician with whom we are consulting regarding the patient i.e. cardiothoracic surgeon, surgeon implant device, other surgical consultation.

We may share and discuss a patient's medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred the patient for health care services and products.

We share and discuss a patient's medical information with a hospital or other health care facility where we are admitting or treating the patient.

Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents.

- 2. Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us.

Some examples include:

We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.

We also may use and disclose your IIIHI to obtain payment from third parties that may be responsible for such costs.

We may also use your IIIHI to bill you or other designated person responsible for payment for services and items rendered to the patient.

We may need to provide medical records or other documents to a patient's health insurer to support medical necessity of a health service or allowing access to a patient's medical record for a quality review audit.

We may provide information to a collection agency or our attorney for purposes of securing payment of a delinquent account.

- 3. Health Care Operations.** Our practice may use and disclose your IIIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

Some examples include:

A patient sign in sheet in the waiting area, which is accessible to all patients.

Paging patients in the waiting room when it is time for them to go to an examining room.

Making appointment reminder calls, including leaving messages with other persons who answer the phone or answering machines.

Mailing bills in envelopes with our name and return address.

Mailing recall reminder by post cards.

Sharing the medical care provided to a patient with our billing staff so that they may bill for the care.

Sharing medical information about a patient with our attorney to defend a legal action brought by a patient.

4. Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment. This may be done using telephone reminders calls and messages left on your answering machine or with the individual in your home answering the phone call. Reminder post cards are also used to remind patients if they need to make an appointment with our practice.

5. Treatment Options. Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take a child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. A husband/wife may participate in the care of their mutual spouse. Other family members or friends may be involved in your care. For example, your children or close friend may assist in your care with coming with you for appointments, inquiring regarding medications and other IIHI.

8. Disclosures Required By Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES and CIRCUMSTANCES THAT DO NOT REQUIRE A CONSENT OR AUTHORIZATION

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our practice may disclose your IIHI to public health authorities who are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury, or disability;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence). However, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information;

- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death we believe has resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons, court order, subpoena or similar legal process;
- To identify/locate a suspect, material witness, fugitive or missing person;
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Deceased Patients. Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation. Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study (ii) the use or disclosure of your IIHI is being used only for the research, and (iii) the researcher will not remove any of your IIHI from our practice; or c) the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, will provide us with proof of death prior to access to the IIHI of the decedents.

8. Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: a) for the institution to provide health care services to you, b) for the safety and security of the institution, and/or c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs.

13. Disclosure

We do not need a patient's consent or authorization to disclose the patient's protected health information to the patient or the patient's personal representative.

We may disclose a patient's protected health information to someone involved in a patient's care or payment for a patient's care, such as a spouse, a family member or close friend. For example, when a patient has had a procedure we may discuss the patient's physical limitations with a family member assisting in the patient's care. In this situation, we are required to limit the disclosure to information that is directly relevant to the recipient's involvement with the patient's care or payment for the patient's care. In addition if the patient is present for or otherwise available prior to the disclosure and has the capacity to make health care decisions, we must provide the patient with the opportunity to agree or object to the disclosure and we may not make the disclosure if the patient objects.

We may disclose a patient's protected health information to notify, or to assist in the notification of a family member, a personal representative, or another person responsible for the patient's care regarding a patient's location, general condition or death. For example, if a patient is taken to the emergency room from the office. We may also disclose a patient's protected health information to a disaster relief entity such as the Red Cross, so that it can notify a family member, personal representative or another person involved in the patient's care regarding the patient's location, general condition, or death.

14. Business Associates

Certain functions of the practice are performed by a business associate such as an answering service, billing company, transcription service, an accountant firm, information technology firm or a law firm. Whenever we have a business associate arrangement that involves the use or disclosure of protected health information, we are required to have a written agreement that protects the privacy of the protected health information.

15. Uses and disclosures with authorization

In all other situations, which do not fall under a category previously listed we will obtain a written patient authorization to use or disclose protected health information. A patient authorization can be revoked at any time except to the extent that we have relied on the authorization.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to:

Pat Larsen, Privacy Officer
Central Bucks Cardiology
315 West State Street
Doylestown, PA 18901
215-345-1900

Your request needs to specify the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction on our use or disclosure of your IIHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to:

Pat Larsen, Privacy Officer
Central Bucks Cardiology
315 West State Street
Doylestown, PA 18901
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Your request must describe in a clear and concise fashion:

- the information you wish restricted;
- whether you are requesting to limit our practice's use, disclosure, or both; and
- to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and/or obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to:

Pat Larsen, Privacy Officer
Central Bucks Cardiology
315 West State Street
Doylestown, PA 18901
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Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to:

Pat Larsen, Privacy Officer
Central Bucks Cardiology
315 West State Street
Doylestown, PA 18901
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You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: a) accurate and complete; b) not part of the IIHI kept by or for the practice; c) not part of the IIHI that you would be permitted to inspect and copy; or d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for nontreatment or operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented, for example, the doctor sharing information with the nurse, or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to:

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All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact:

Pat Larsen, Privacy Officer
Central Bucks Cardiology
315 West State Street, Doylestown, PA 18901
215-345-1900.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact:

Pat Larsen, Privacy Officer
Central Bucks Cardiology
315 West State Street
Doylestown, PA 18901

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

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ILLUSTRATIONS OF SITUATIONS REQUIRING/NOT REQUIRING AUTHORIZATION

Under the HIPAA Privacy Rule, your practice **must obtain patient authorization** beyond the consent form if it wants to use PHI:

- To disclose PHI about a patient to a third party (i.e., a life insurance underwriter),
- To market a product or service,
- To raise funds for any entity other than your practice,
- For research unless your practice has a signed waiver approved by the Institutional Review Board (IRB) for the use and disclosure of PHI or has de-identified PHI,
- To use psychotherapy notes for TPO, unless use or disclosure is required for
 - ◆ law enforcement purposes or legal mandates,
 - ◆ oversight of the provider who created the notes,
 - ◆ a coroner or medical examiner,
 - ◆ aversion of a serious and imminent threat to health or safety.

Under the HIPAA Privacy Rule, your practice **does not have to obtain** patient authorization or consent to disclose PHI:

- To a provider who has an indirect treatment relationship with the patient;
- To a health oversight agency with respect to audits, civil, administrative, and/or criminal investigations, proceedings or actions, inspections, licensure, or disciplinary actions;
- In response to a court order, court-ordered warrant, subpoena, or summons;
- To law enforcement for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, (e.g., disclosing a deceased individual's PHI if suspicion persists that death may have resulted from criminal conduct);
- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for donation and transplantation;
- As required by law for public health activities and the prevention or control of disease, injury, or disability, including but not limited to communicable diseases and product defects or problems (e.g., with food and dietary supplements and product labeling issues);
- As required by law to social or protective services with respect to victims of abuse, neglect, or domestic violence;
- Of Armed Forces personnel for activities deemed to assure proper execution of military mission;
- To authorized federal officials for the conduct of lawful intelligence or counterintelligence as authorized by the National Security Act;
- To authorized federal officials as it relates to protecting the President of the United States, to foreign heads of state, or other authorized persons;
- To the United States Department of State as it relates to obtaining security clearance, service abroad, and other provisions of the Foreign Service Act;
- To correctional institutions or law enforcement as it relates to inmates' healthcare or the health and safety of individuals treating and transferring inmates;

- To a person who may have been exposed to a communicable disease, if the practice is authorized by law to notify such persons in the conduct of a public health intervention or investigation;
- To an employer, if the practice is a covered provider who is a member of the workforce of the employer or who provides healthcare to the patient at the request of the employer; to conduct an evaluation relating to medical surveillance of the workplace; or to evaluate whether the individual has a work-related illness or injury;
- To an auto insurance company or workman's compensation when they are responsible for payment of the practice's service.